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September 23, 2004

TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Fr:

George O. Saile,

Reg. No.19,572

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Application No. Subject:

10/631,841

Confirmation No.:

1036

Applicant

Chun Shiah

Filed

July 31, 2004

Art Unit

2816

Examiner

Long T. Nguyen

Docket No.

ET01-010

Title

"Low Jitter Input Buffer With Small Input Signal

Swing"

RESPONSE TO PATENT OFFICE ACTION

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Dear Sir:

In response to the Office Action dated June 23, 2004, please amend the above-identified application for patent as follows:

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Signature:

09/28/2004 MAHMED1 00000015 190033

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01 FC:2201 02 FC:2202 43.00 DA 99.00 DA

Page 1 of 89

Appl. No.: 10/631,84 Amdt. Dated: July 8, 2004 Attorney Docket: ET01-010 Reply to Office action of June 23,2004

The related art references made of record and not relied upon have been reviewed and it is agreed that they do not suggest the present detailed claimed invention.

Applicant respectfully requests that a timely Notice of Allowance for all claims be issued in this case.

It is requested that should Examiner Nguyen not find that the Claims are now allowable, that the undersigned be called at (845) 452-5863 to overcome any problems preventing allowance.

Respectfully Submitted, George O. Saile & Associates

Billy J. Knowles, Reg. No. 42,752

Telephone: (845) 452-5863

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Attachments:

PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control market.		
	Complete if Known	
FEE TRANSMITTAI	Application Number 10/631,841	
5 TV 2004	Filing Date 7/31/04	
for FY 2004	First Named Inventor Shiah, C.	
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name L.T. Nguyen	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2816	
TOTAL AMOUNT OF PAYMENT (\$) 241.	Attorney Docket No. ET01-010	
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)	
Check Credit card Money Other None 3. ADDITIONAL FEES		
Constitution of the Consti		
Deposit Account:	Fee Fee Fee Fee Fee Fee Description Code (\$)	Fee Paid
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath	
Deposit Account George O. Saile	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet	
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	
Charge fee(s) indicated bolow Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
Charge any additional fcc(s) or any underpayment of fee(s)	Examiner action	
Charge (ee(s) Indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
to the above-identified deposit account. FEE CALCULATION	1251 110 2251 55 Extension for reply within first month	
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month	
Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month	
Fee Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month	
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within first month	
1002 340 2002 170 Design filing fee	1402 330 2402 165 Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	
1005 160 2005 80 Provisional filing fee	1451 1,510 1451. 1,510 Petition to institute a public usc proceeding	
SUBTOTAL (1) (\$)	1452 110 2452 55 Patition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue)	
Fee from Extra Claims below Fee Pald		
Total Claims	1503 640 2503 320 Plant issue fee	
Independent - 3*** = 1 X 43 = 43	1460 130 1460 130 Petitions to the Commissioner	
Multiple Dependent	1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 180 Submission of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description	Recording each patient assignment per	
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	property (times number or properties)	-
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1,129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(5))	
1204 86 2204 43 Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 1802 900 Request for expedited examination of a design application	
Other fee (specify)		
SUBTOTAL (2) (\$) 241. **or number previously paid, if greater, For Reissues, see above (\$) (\$) (\$)		
SUBMITTED BY (Complete (if applicable))		
Name (Print/Type) Stephen B. Ackgrma	Registration No. 37,761 Telephone 845-452-586	3
Signature Date October 6, 2004		
WARNING: Intermetion on this form may become public. Credit card information should not		

WARNING: Intermation on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of Information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD 0 6 Effective January 1, 2003 **CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY** OR SMALL ENTITY TYPE (Column 1) (Column 2) TOTAL CLAIMS RATE FEE RATE FEE ٨ FOR NUMBER FILED NUMBER EXTRA BASIC FEE 375.00 BASIC FEE 750.00 OR TOTAL CHARGEABLE CLAIMS X\$18= minus 20= X\$ 9= OR INDEPENDENT CLAIMS minus 3 =X84= X42= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column. 1.) (Column-2)... (Column 3) HIGHEST CLAIMS ADDI-ADDI-Þ REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE PAID FOR AMENDMENT X\$18= Total Minus X\$ 9= OR Minus Independent XXX X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE TIONAL RATE AMENDMENT **PREVIOUSLY** AFTER **EXTRA** PAID FOR FEE FEE **AMENDMENT Total** Minus X\$ 9= X\$18= OR Independent Minus X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-ပ NUMBER REMAINING PRESENT RATE TIONAL RATE TIONAL MENDMENT **PREVIOUSLY AFTER EXTRA** FEE **AMENDMENT** PAID FOR FEE Total Minus X\$18= X\$ 9= OR Independent Minus = X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR .* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number